

BESTMED SUMMARY OF SUBSEQUENT RULE CHANGES FOR 2021

The subsequent changes on the Bestmed Rules and Annexures, approved and registered by the Registrar of the Council for Medical Schemes (CMS) with effect from 01 January 2021, are summarised below.

1. CHANGES TO THE SUBSTANTIVE RULES FROM 1 JANUARY 2021

- 1.1 Rule 10.2 changed to allow members to discard old membership cards instead of returning these to the Scheme.

2. CHANGES TO THE BENEFIT OPTIONS FROM 1 JANUARY 2021

BENEFIT OPTIONS – ANNEXURE B.1 – B.3

Restructuring or changes of benefits and limits take place throughout the Beat range [Annexure B.1], the Pace range [Annexure B.2] and the Pulse range [Annexure B.3], these are as follows:

- 2.1 Rule 1.2.13 on the Beat range: removed reference to co-payment from the Specialised diagnostic imaging in-hospital benefit on Beat3 and Beat3 Network.
- 2.2 Rules 1.2.21 on the Beat range, 2.2.22 on the Pace range and 3.2.22 on the Pulse range: removed sub-limits and restriction of DSP from the Palliative care and home-based care in lieu of hospitalisation benefit across all benefit options.
- 2.3 Rules 1.4.6 on the Beat range, 2.4.6 on the Pace range and 3.4.7 on the Pulse range: cosmetic addition to better clarify that the back and neck preventative programme is in lieu of surgery.

3. CHANGES TO THE GENERAL EXCLUSIONS FROM 1 JANUARY 2021

Rule 2.14 added provision that will allow Haematinics to be paid as PMB on the Pulse1 benefit option.

NOTE: This summary of the rule changes is given for information purposes only, should there be any errors or omissions contained herein, the registered Rules of Bestmed as approved by the Registrar of Medical Schemes shall prevail. All information regarding the 2021 benefit options and accompanying services, including information in respect of the terms and conditions or any other matters, is subject to prior approval of the Council for Medical Schemes (CMS) and may change without notice, having due regard to the CMS' further advice.

- END-